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APPLICANTS					***			i	
John P. Lu Albert K. C	nsfor hin, F	edwood City, CA; d, San Carlos, CA; Palo Alto, CA; n Mateo, CA;							
		1 ************************************		2000 PAT 6,81	1,546				
** FOREIGN APPLICATIONS ************************************									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/24/2004									
DE USC 140 (s. d) conditions						EETS TOTA			INDEPENDENT CLAIMS 4
Acknowledged Examiner's Signature Initials									
ADDRESS LENA I. VINITSK 3200 LAKESIDE BUILDING B 3RI SANTA CLARA ,	DRIV D FLC	OR, M/S 314							
TITLE	aal a	ages port and mathed							
Endoscopic surgical access port and method									
			•	All Fees					
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FILING FEE RECEIVED	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT				1.17 Fees (Processing Ext. of time)				
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